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SYPHILIS AND OTHER LESIONS OF BONE.

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There are two main classes of bone disease, the benign and the malignant, the latter being commonly some form of sarcoma. The benign class includes three main types, the common surgical infections, specific infection, either syphilitic or tuberculous, and thirdly, unclassified diseases, as osteomalacia, etc. Of these, I have selected for this report sarcoma and syphilis of bone.

Benign Tumors.

The benign tumors seldom cause symptoms except by their size, and these abnormalities and exostoses are frequently never diagnosed. Only last winter in studying a case of flat foot I found in the skiagram a curved spur of bone on the great toe. But we should bear in mind the possibility of these bony tumors in looking for the cause of obscure pain or œdema, and case 6 illustrates how a bony tumor may be obscured by the œdema which it directly causes, for this patient came to the hospital for relief of œdema, the explanation of which was at first very puzzling.

Diagnosis.

As a means of diagnosis we have the history of the case and its clinical course. But since the pioneer work in America of Dr. Dieffenbach, of New York, the X-ray offers an original aid in the differential diagnosis of bony lesions. The accompanying illustrations will demonstrate the value of the skiagram. And these illus-

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Read before N. Y. State Hom. Society, September, 1909.

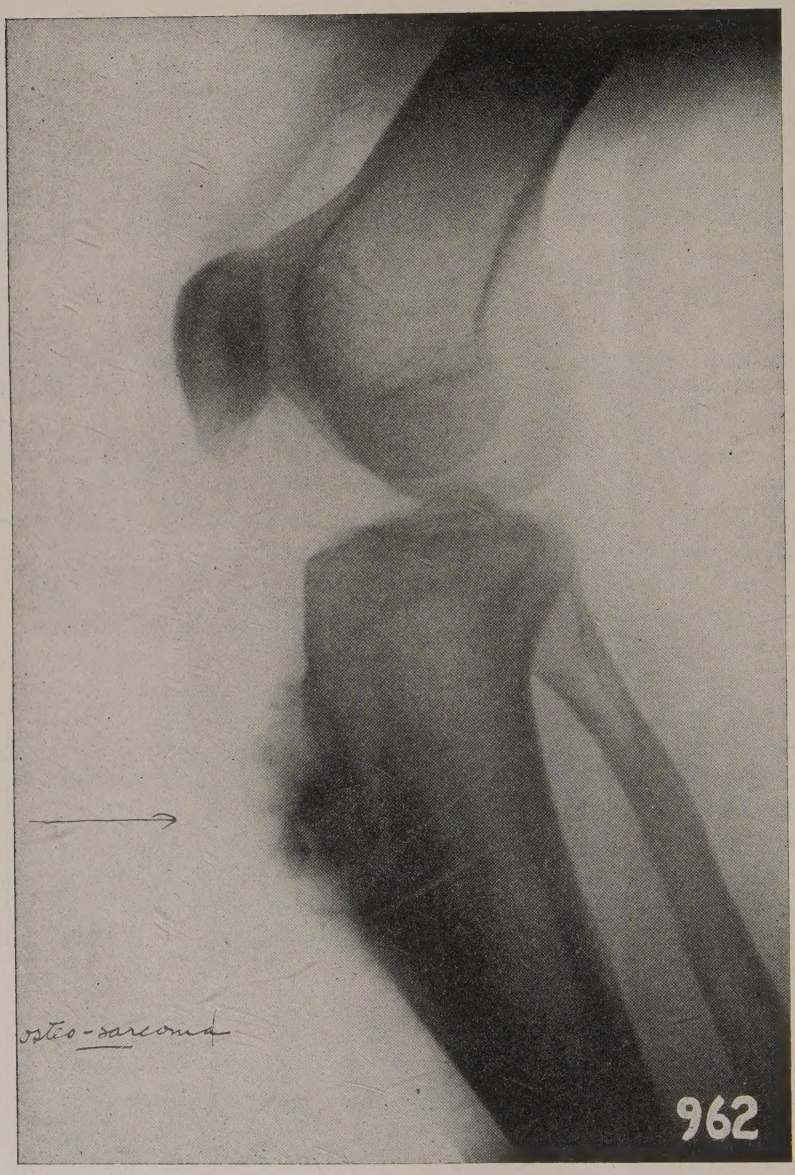


FIG. I.—Osteosarcoma tibia (indicated by arrow). Note spongy structure outside of bone with irregular bony structure. Case 1.

trations are from skiagrams taken in Dr. Dieffenbach's laboratory. But neither it nor often the history alone is complete. Only recently a doubtful diagnosis of osteosarcoma was made from a skiagram in a case of tumor of the chest wall, which, on operation, I found to be merely a degenerating cyst of the intercostals. In another case (case 1) the skiagram was reported as positively osteosarcoma, but clinically, and on the operating table, we diagnosed simple osteoma. Subsequently the pathologists of the hospital reported the tumor a very malignant osteosarcoma. This is a condition in which diagnosis is of supreme importance, and in these cases the probability of cure is the more certain in direct proportion to the earliness of operation. For in no form of sarcoma is the prognosis so grave as in osteosarcoma, and in such a case we must, I believe, be prepared to employ the X-ray immediately after operation, before, and not after recurrence has occurred.

The diagnosis of syphilis is especially difficult in the tertiary form when the patient has forgotten his early troubles, and in the hereditary form. In the latter, paternal or maternal history is very frequently hard to elicit, and except in the small infant, with cutaneous or mucous signs, adenitis, ocular or nasal signs, and especially plantar syphilides, there is a good deal of difficulty in determining the bony lesions present. Personally, I rely on the skiagram, this having proved very helpful, and on these symptoms.

Symptoms.

1st. Nodular periosteal swelling, the nodes single or multiple, usually near the ends of bone.

2. Symmetrical lesions, for instance, both tibiæ.

3d. Deformity of shaft, bowed or eburnated and nodular.

4th. Partiality for certain bones.

5th. Except in hereditary syphilis the shaft alone is affected, in the former the epiphyses.

6th. Absence of local or general signs of inflammation and of joint involvement.

7th. Boring pain, worse at night, with sensitiveness to pressure and promptly removed by constitutional treatment.

Pathology.

Syphilis may occur in bone in the secondary or tertiary periods, and may be acquired or hereditary, the latter always, of course, in

the tertiary stage. In general the lesions are of three forms: First, and most frequent, periostitis; second, true gummatous osteitis, and third, osteomyelitis. The first we commonly see in the shin bone, accompanied by more or less osteitis.

We may account for all the pathology by the gumma, a peculiar

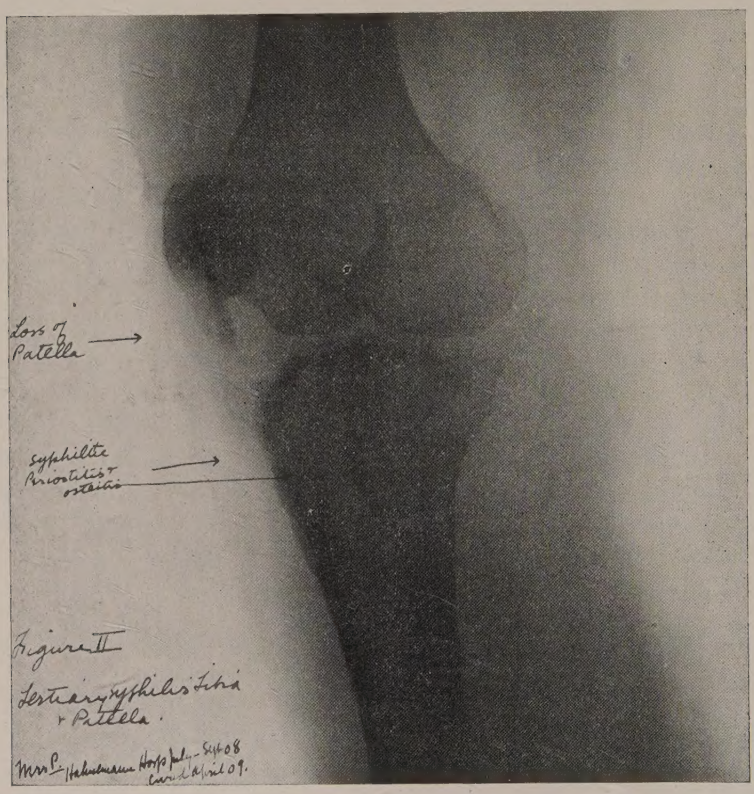


FIG. II.—Syphilitic osteitis and periostitis with loss of bone. Notice loss of patella substance and dense bone in tibia opposite arrow with irregularity of periosteum.

form of granulation tissue, and by sclerosis of the blood vessels. The gumma gives us two forms of osteitis, rarefying and condensing or productive. Rarefying osteitis or osteoporosis is the result of diffusion of the subperiosteal osteitis, itself the product of syphilitic virus, through the Haversian canals, or, in other words, a throwing out of embryonic tissue composed of round cells, a few blood cells

and a scanty intercellular substance. If it involves the bone marrow we have osteomyelitis, which is a much less frequent form in my experience. But this myeloid form is more common in true gummatous osteoperiostitis in which the inflammation becomes circumscribed in the form of caseating tumors, and is not a diffuse process, as in the other.

Now repair, the ultimate end of early surgical inflammation, leads to a physiological development of bone, or eburnation or sclerosis or osteosclerosis. It is a definite characteristic of syphilitic bone, even occurring when we look carefully for it in the periphery of rarefying lesions (osteosclerosis limiting osteopororis). It may actually produce exostosis or even hyperostosis, as seen in the sabre-like shin bone.

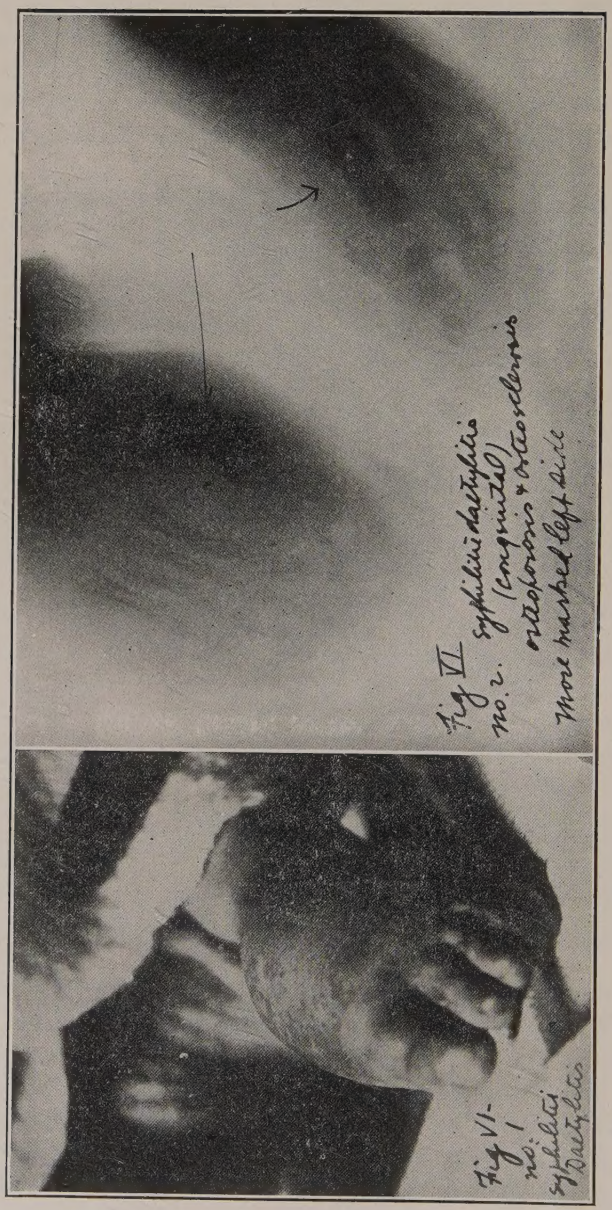
If destruction, however, is more rapid than repair we may have necrosis and sequestration or caries, especially under secondary pyogenic infection. As is so typically seen in the sunken nasal bridge of an old syphilitic, bony defects are never repaired by bone (illustration No. II.), but are covered by white fibrous tissue adherent to the bone.

In my experience the bones most often involved are: In the secondary period, the tibia and frontal, in the late tertiary the bones of the face or cranium, especially nasal, and leg or forearm bones; in the hereditary form in early infancy the skull bones and then the long bones, but in older children most frequently the tibia, and rarely the skull bones. The lesion is located in the acquired form in the shaft, but in the inherited form at the junction of the epiphysis and diaphysis, where growth is most active. Case 3 illustrates this, showing the smooth collar-like swelling

Dactylitis.

A characteristic of tertiary syphilis is illustrated in figures III. and IV. and in case 6. This is the dactylitis which affects the metacarpal or metatarsal bones in the form of a cylindric or fusiform swelling, free from pain, and, as a rule, the result of osteomyelitis and periostitis. While the disease is located in the bone, as a rule the skin darkens, breaks down and becomes infected secondarily.

Figures III. and IV. illustrate the dactylitis of a child two years old admitted to the Laura Franklin Hospital. He presented no other lesion of syphilis except a bilateral dactylitis of the first and second metatarsals, worse on one side. We administered



FIGS III. AND IV.—Syphilitic dactylitis. (Photograph and skiagram.) The fusiform swelling with rough pigmented skin that is ready to break down, in the photo.

potassium iodide and curetted away the gummatous mass, but lost sight of the child after his discharge, having restored the foot to more nearly normal outlines.

In the secondary stage and rarely in the tertiary we may have a dactylitis of the subcutaneous and ligamentous structures, that is, in the fibrous tissues of the joint and periosteum, see case 6. It occurs in the form of a slow, painless swelling, rapidly breaking down under trauma or infection.

Osteochondritis.

Another of the peculiarities of bony syphilis in children is the so-called pseudo-paralysis, which, I think, was the cause of the inability of case 3 to walk when an infant. It is the osteochondritis of Parrot, a thickening of the epiphyseal cartilage with ossification in irregular areas, and occurs between the 3d and 24th months. There may be epiphyseal separation and chronic synovitis. Its symptoms are thickening of bone, tenderness and marked lameness. (Fig. V.).

Treatment.

The treatment of syphilis is divided into, first, constitutional treatment, and second, local measures. Without the former no cure is possible of bony lesions, and the latter is useful only to meet special indications, practically the same as those of any other bony inflammation.

For the constitutional treatment of bony lesions I have learned to depend almost entirely on potassium iodide, giving this, as a rule, in the pure saturated solution in wine, often in cinnamon water or the compound syrup of sarsaparilla. It must, however, be administered steadily to the point of toxæmia when the dose can be accuately regulated in safe limits, and it must be persisted in. I have not yet seen bad results from it, and seldom have been obliged to prescribe mercury in conjunction with it except in secondary lesions, but I believe that when the patient has not received a thorough course of the classical treatment this should not be neglected.

For local effects I have had good results from the homœopathic remedy, employing Arsenicum, Lachesis, Silicea, Phosphorus and Mercurius cor. or sol.

Locally, I have had excellent results from the use of the unipolar high frequency and the leucodescent light, especially the latter,

which I am confident hastens absorption and relieves pain when present. As a dressing I prefer bichloride of mercury 1-5000 in conjunction with other indicated dressings, such as calendula, red wash, etc.

Occasionally it may be necessary to perform osteotomy or curettement of bone, but, as a rule, constitutional treatment, if vigorously and steadily followed, is sufficient, except under conditions where operation would be indicated on general surgical principles.

Cases.

CASE 1.—Osteosarcoma tibia. (Figure I.)

Mrs. F. G., Hungarian, 22 years old. Family history negative. Personal history shows measles only; physical and pelvic examination negative; nutrition good; no palpable glands. In November, 1906, she noticed hard swelling in the left tibia below the patella. One year later, eight days after childbirth, felt pain in the mass for the first tme.

She consulted me in November, 1908. She presented a painless bony tumor of the left tibia below the superior head, the size of a small tomato (see figure I). She was admitted to the ward, and on November 9, 1908, was operated in Prof. Bishop's clinic. Dr. Bishop chiseled off a firm vascular tumor, filling the cavity with bone wax. She was discharged in two weeks.

A skiagram was taken before operation, and Dr. Dieffenbach reported osteosarcoma. Our clinical diagnosis was simple osteoma. The pathological examination of the specimen showed a very malignant round-celled osteosarcoma.

She has been regularly receiving X-ray treatments, and now nine months after operation the scar is healthy and her condition perfect.

CASE 2.—Late tertiary syphilis of tibia and patella. (Figue II.)

Mrs. D. P., widow, 46 years old, was admitted in March, 1908, to the Hahnemann Hospital. Her history, in brief, shows that her father died of cirrhosis of the liver, her mother of a stroke; no tuberculosis in the family. She had had influenza, pneumonia and typhoid. She was married in 1883, and had one child, which died in the seventh week, but no miscarriages. After her marriage she had numerous skin eruptions and attacks of sore throat, her description indicating syphilis.

In 1903 a small spot appeared in the knee which was discolored and finally a sore formed, increasing in size, with pain. She was then under the care of the Drs. Seibert, of Easton, Pa. Under their treatment the sore healed but reappeared a number of times, and finally she was sent to Dr. Dieffenbach who turned her over to me last summer on his leaving for Europe.

The lesion then extended from the upper third of the tibia to the patella, whitish hard bone being covered by spongy, ragged granulations with considerable discharge but without the least involvement of the knee joint. When I saw her the bones had been curetted and she was receiving a proprietary mixed pill, high frequency and leucodescent treatments. In July 1 put her on potassium iodide, and by patient efforts produced a toleration for very large doses, and gave her also arsenicum 3x as the only remedy. The wound was dressed with an ointment of balsam and silver nitrate. She was discharged cured in October, but the iodides were contnued by Dr. Seibert. Now a healthy fibrous scar covers the bony defect, and she has recently written me that "she is feeling fine and walking as well as ever."

CASE 3.—Hereditary syphilis of tibia, fibula, radius and ulna and frontal bone. (Figures V. and VI.)

D. O'C., 7 years old, native born.

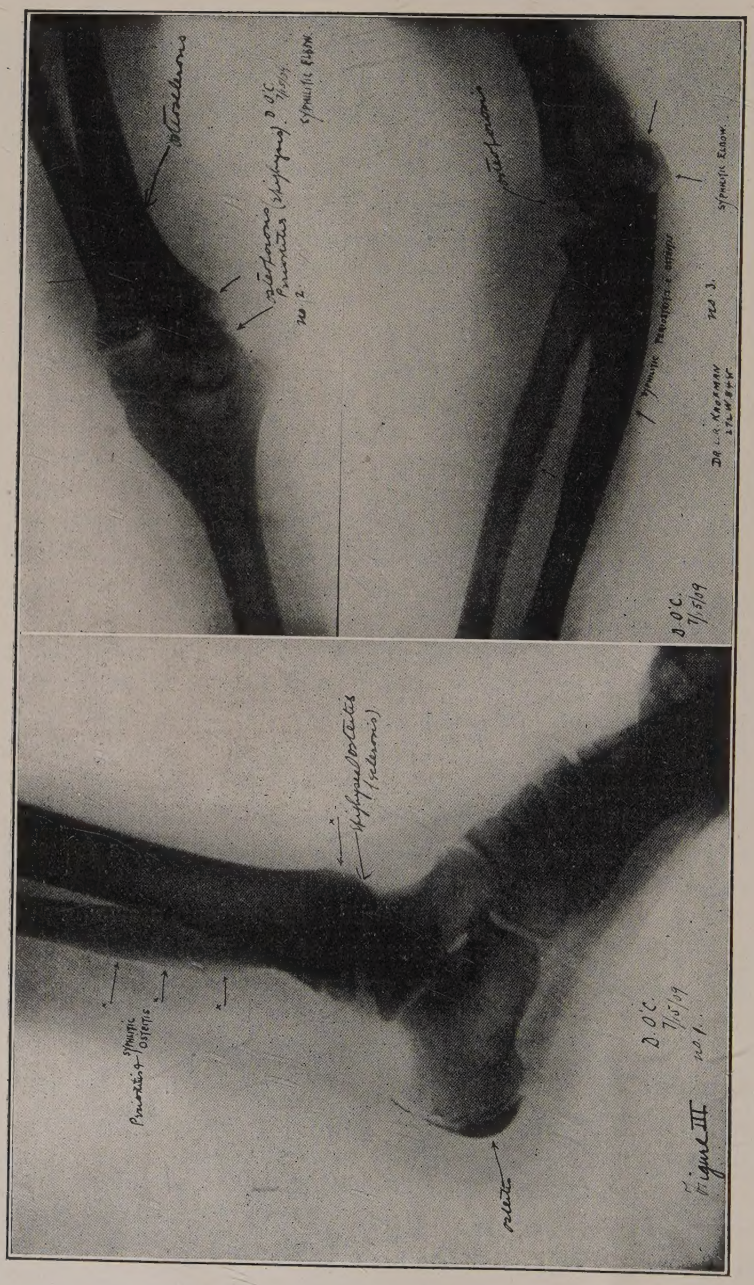
Family History.—Father died of consumption, mother living, had three miscarriages; two brothers and one sister died in infancy.

Personal History.—Had pneumonia twice. When three years old he had a swelling, now present, in the ankle, and was for several months partially paralyzed.

He is a stout, well nourished child. He presents a swelling of the lower fifth of the external surface of the right leg (figure V.), spindle shaped; of the upper epiphysis of the right ulna (figure VI.), and a very marked protuberance of the frontal bone. The tibia is markedly bowed. No glands are enlarged; the eyes, nose and throat are reported normal at the hospital clinics. He does not present Hutchinson teeth. The skiagrams show clearly periosteal thickening and the characteristic osteosclerosis.

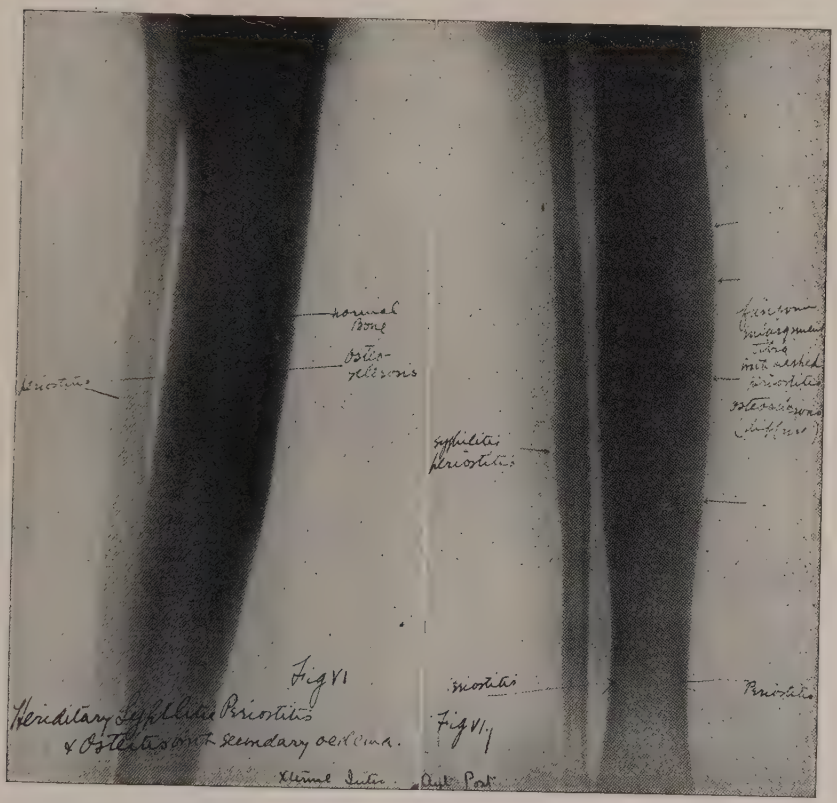
CASE 4.—Ligamentous or fibrous dactylitis; secondary syphilis.

Mr. R. G., German, 40 years old. He had primary sore four years ago (?), was under treatment six weeks, and had later symptoms since. On August 4th he cut his thumb with a knife, and it swelled



FIGS. V. AND VI.—The ankle shows a "collar" swelling, and the swollen elbow shows very marked osteopororis with involvement practically limited to epiphyses.

next day. Diagnosed as a simple infection it was incised and dressed in our emergency room next day, and I saw him two days later. He presented a puzzling enlargement of the proximal joint of the thumb. At first he denied syphilis, but when I insisted on previous infection he admitted it, and that the joint was enlarged for two years. Within two weeks with dressings of bichloride 1 to



FIGS. VII. AND VIII.—Secondary œdema produced by pressure of syphilitic exudate from periostitis and osteosclerosis. Notice bulging of tibia and fibula.

5,000, and with internal doses of K. I., he rapidly improved, and in six weeks the enlargement was largely absorbed.

CASE 5.—Hereditary syphilis, tibia and fibula; osteomyelitis.

F. McC., aged 7, female child. For three years she has had a

swelling of the lower fifth of the tibia and fibula. She was sent to me a year ago, and presented then a broken down ulcer of the leg with marked enlargement of the epiphyses of the tibia and fibula. On diagnosing sequestration I opened the medullary cavity freely, curetted away a mass of spongy bone, and gave her the iodide, beginning with three drops t. i. d. She was discharged from the ward in two months, and is now receiving 30 drops of the iodide and merc. prot. 1x, one tablet b. i. d. The ulcer is now healing, and she is now being dressed merely once a week.

Case 6.—Hereditary syphilis, tibia and fibula; secondary œdema.

Miss H. H., 18 years old, has had a swelling of the legs for two years. Her family history is negative so far as I could ascertain. Her own history shows that she had always had headaches (these have been relieved since we treated her for the leg); for two years she has had intense pain in both legs, worse at night, with a very marked œdematous swelling of both legs, especially the left.

By careful gynæcological examination by Dr. McDuffie and by medical examination by Drs. Turner and Dominick, including urinalysis, the œdema was attributed by lack of any other cause to some local pressure. She had been treated for flat foot, for heart and for kidney disease in some other hospitals.

A skiagram was then resorted to to determine the condition of the bones, and this clearly shows (figures VII and VIII) the periostitis and osteoporosis and the skiagram shows a prominent bulging of the fibula as well.

The œdema was the result, therefore, of venous obstruction caused by the pressure of the syphilitic exudate around the tibia. She was placed on K. I. and merc. prot. 1x, and was given leucodescent treatments, and the leg was bandaged with Bender's Ideal Bandages. We can now feel the exostoses. She has no pain and the œdema is entirely relieved, and we are merely continuing constitutional treatment.

272 West 84th Street.

ADDRESS DELIVERED AT THE OPENING EXERCISES OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL, OCTOBER 5, 1909.

By L. L. Danforth, M. D.

A celebrated writer once said: "There are three occasions upon which a human being has a right to consider himself as a center of interest to those about him; when he is christened, when he is married, and when he is buried. Every one is the chief personage, the hero, of his own baptism, his own wedding and his own funeral." It seems to me there are other occasions less momentous in which every one may think more of himself than under ordinary circumstances he would deem it proper to do. Such an occasion I consider this to be and *you,* young gentlemen, aspirants for medical learning, are the personages of importance on this auspicious beginning of a new collegiate year; important as, perhaps, you never were before, in your own eyes, for you are beginning a new career, in a great city, in a medical school which by tradition has done, and is today doing great things in the way of elevating and maintaining the standard of medical education; with your eyes and ears open for the reception of knowledge along paths which you have never trod before; among new associates pursuing the same path, each one eager to find his place among his fellows and his rating in the eyes of the Faculty; the center of affectionate regard and interest in the homes which perhaps some of you have left behind for the first time. A new feeling of interest and ambition possesses you; you begin to realize as you have never done before, the vastness and mystery of the new world which surrounds you and upon which you have now entered. To think much of yourselves and of your mission is natural and not unworthy of you.

To the Faculty, the advent of a new class is as the birth of a child to a parent. We wonder—how many there will be, and what you will look like, and what capacity for the absorption of knowledge you will show? Whatever the answer, we welcome you, whether new born babes of science, or lustier nurslings, to this morning of your medical life. Allow me, gentlemen, to trace your history and analyze your purposes in coming to this medical school. You pursued your preliminary studies in academy or university be-

cause you were sent to these institutions; it was your duty, and the obligation was laid upon you to secure an education. Inclination, guided by qualities of mind or special talent and aptitude, may have led you along certain elective lines with especial reference to what you may have thought you wanted to do, or to be, but, as yet, your future course was ill-defined. Then came a time when you reached the parting of the ways, where it became necessary for you to choose one path or the other. Whatever the reasons which impelled you to select the profession of medicine for your life work, and whatever the motives which caused you to select the homœopathic school of medicine as the specific field of your endeavours, I am sure you have weighed the question carefully and have chosen wisely. The young man who studies medicine because some one wants him to do so, without knowing and "feeling in his bones" that he has a strong inclination that way, or a decided aptitude for this particular branch of scientific labor, both as a study and as a field for his permanent work, may be doomed to serious disappointment, and is not likely to meet with any great measure of success. It takes a peculiar combination of qualities of temperament, mind, and heart to make a successful physician, and these qualities must be inherent in the student, else the four years of hard work and self-sacrifice of his pupilage will be sufficient to either divert him from his course, or make the period one long spell of drudgery. If you are in the right place the work will not be irksome, the disagreeable duties will be cheerfully overcome and you will feel proud that you are growing in knowledge which will some day place you in a position where the emoluments will only be limited by your industry, skill, and the limitations of your physical strength. In presenting yourselves here you not only become students of medicine, but you have gone one step further, and become students of HOMŒOPATHIC MEDICINE! I wonder if you fully realize the import of this decision, and what the study of this system really means? This is an important question and, as a corollary of it, arises another. Do you appreciate the relation which this system bears to the great subject of scientific medicine as it is developing at the present time in the laboratories of the world, and co-incidently at the bedside, two methods of research which now go hand in hand?

Before I attempt to answer the last question I want to say something to you about the study of homœopathy and give you a few

reasons which I think justify you in entering a homœopathic college.

The principle of drug action which will be taught here is based on the belief that drugs when taken by healthy human beings in sufficient doses to produce their peculiar specific effects as manifested by a certain series of symptoms, will, when those symptoms occur as a result of disease, prove curative of such morbid processes, in so far as they are capable of being mitigated or cured by drug action. This is a truism with which all homœopathic physicians are familiar, and is embodied in the watchword of our school, *"similia similibus curentur."*

The mooted question as to the quantity of the remedy—the dose—which will be required in a given case to remove the symptoms of the disease, and so promote the cure of the condition on which they depend, has nothing whatever to do with the principle on which the remedy is given. The thorough and sensible teaching of this principle of drug action is the only ground for the existence of this or any other homœopathic college.

To acquire a knowledge of drug action from this point of view is a task which the ablest minds in our profession, through long and weary years of research and practice, have been engaged in maturing. It is a subject which is not to be undertaken lightly; it is the keystone of the arch of medical practice based on a scientific foundation. This is not the time nor the place to enter into an elaboration or a defense of the doctrines of Hahnemann; indeed, they need no defense after a hundred years of successful interpretation by the noble army of pioneers and their successors who have contended for these principles, practiced them consistently, leaving the heritage of a reputation for the successful treatment of the sick which is still our strongest asset for professional favor. We owe all we have as a school to men whose names, many of them, at least, are to you wholly unknown, or exist only as an indistinct memory. You should read the history of homœopathy in this country, or even in this city, if you would be inspired with enthusiasm for the cause. The names of Gramm, A. Gerald Hull, Lippe, Hering, P. P. Wells, of Brooklyn; Hemple, Guernsey, and, in our own city, Carroll Dunham, Samuel Lilienthal, B. F. Joslin, Lewis Hallock, Robt. McMurray, Baner and Freeman, F. S. Bradford, J. W. Dowling, with hosts of others, and, lastly, our own Dr. T. F. Allen and our beloved

Dr. Helmuth (four of these men having been Deans of this institution), recall life histories of those who did valiant service for the truth as they believed it. To these men homœopathy meant nothing less than the whole realm of therapeutics. Hahnemann's philosophy and practice became to them a veritable beacon of therapeutic light, his law the open sesame to all knowledge, the Organon the only exponent of reliable medical philosophy, the materia medica the consummation of medical art.

The pioneers of the homœopathic school were men who had come out from the dominant school because of the crudities of its practice. The enthusiasm with which they adopted the study and practice of homœopathy made them specialists in materia medica, in the sense in which we now use the term with reference to other departments of medicine. They not only practiced it consistently, but they became missionaries for the cause, and they suffered for it, were ostracised and denied the rights and privileges which they had hitherto held in institutions and in other places of honor in the community.

Today *you* stand on the threshold of your medical studentship with this magnificent history behind you, with the same therapeutic law as a guide and the same problems to solve which the Fathers wrested with. But you have much larger opportunities and greater responsibilities because of these opportunities, and you also have graver perils to meet than your predecessors contended with. In speaking thus, I do not for a moment fear that the principles of drug action—the essence of what we call homœopathy—will ultimately be endangered, or lost to mankind; I am sure the truth will finally prevail. But when I say that you will have graver perils to meet than your predecessors I mean this: that homœopathy pure and simple is in temporary danger because its professed practitioners are not as active in its practice and promulgation as they should be; and in lieu thereof they yield to the temptation to follow the trend so many representatives of our school are guilty of at the present time, viz., the tendency to take the short cut to an easy method of practice suggested and fostered by the manufacturing druggist, who supplies them with their medicines and the names of the diseases for which they are indicated—provides them with the "combination tablet outfit," otherwise, "practice of medicine made easy," instead of employing the obviously consistent and in the

end most successful treatment, the prescription of the proper homœopathic remedy. This sort of business followed for any length of time, or to any general extent, is positively destructive of all accurate and scientific treatment of disease; it is not homœopathy; it is the poorest sort of allopathy and it leads nowhere. It is easy, it facilitates rapidity of prescribing, it is commercial, but it is not worthy of the true physician in any school. It seems incredible that physicians who are guided by a principle of nature in the selection of remedies for the treatment of disease should ever be at variance in the application of these principles to practice. But men differ in their mental qualifications as they do in physical peculiarities. At least two extremes stand out in strong juxtaposition. One who is more or less of an agnostic concerning the curative effects of medicine; who rarely studies his materia medica and never gives it any great thought; he may use a dozen or two of our polychrests and this is about all. His agnosticism is based on *ignorance* of the materia medica, and not on the inadequacy of it, and yet he calls himself a homœopathic physician and is accepted as such. He is the general combination tablet man and the good customer of the manufacturing chemist—the merchant in chocolate-coated tablets. He may even own some stock in the company and takes a particular interest in recommending a certain tablet to his patients, with an eye to the increased dividends which will accrue therefrom. The other kind of a homœopathic doctor is the *superfined,* the exclusively high potency man—the very antithesis of the one described above, the man who never under any circumstances deviates from the administration of the indicated remedy as he sees it, in the most attenuated dose. The former rarely *thinks* homœopathically, so to speak—and the latter never thinks in any other way—no matter what the emergency. I am not going to express an opinion as to either of these two types, except to say that between these two extremes is a field for the practice of a sensible rational homœopathy which I think we should strive to perfect and practice. You know the definition of a homœopathic physician which has received such a wide acceptance in our school. It is "one who adds to his knowledge of medicine, a special knowledge of homœopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." That is very good and probably cannot be improved upon as a definition. Whether it is

the attractiveness of the great field of medical learning, or whether it be the development of the specialties, including electro-therapy in its varied and wonderful modalities, radio- and light therapy, mechano-therapy, hydro-therapy and suggestive therapeutics (or psycho-therapy), it seems to me that the sphere of medicine in general and homœopathic therapeutics pure and simple is becoming more and more limited. This need not, and should not be so, if homœopathic physicians lived up to their privileges. These new methods of procedure are attractive and unquestionably are helpful in practice. We cannot ignore their efficacy. There is nothing in any of them, which should militate against the use of the well-selected homœopathic medicine. Indeed, I sometimes think one of the chief advantages of some of these accessory methods of practice is that their use gives one an opportunity to see his patients oftener than he would otherwise do, and so is able to study their symptoms more thoroughly and with his medicines make a more perfect cure. While referring to the various new methods of treating disease now in vogue I purposely omitted the serum therapy which, along certain lines, has proven so useful. In the early part of this address I spoke of the possible relation of homœopathy to scientific investigations as they are developing in the laboratories of the world. I believe that there is a very close relationship—and that every tenet of ours is strengthened if not actually proven by the new discoveries in science, as well as by experience at the bedside with the serum products of the laboratory. The marvellous efficacy of the anti-toxin of diphtheria first suggested and developed by von-Behring, and employed by him in the treatment of this disease, has entirely changed the morbidity and mortality of this dread destroyer of childhood life. While not the identical bacterium which produces the disease (diphtheria) it is a product of the gradual poisoning, until immunization is reached, of the blood of the living horse. Then the withdrawal of the immunized blood, and its elaboration into a serum, which, when introduced into the body of a child sick with diphtheria, proves marvellously curative. One of the latest immune serums is the anti-pneumococcic serum. The most virulent pneumococcic organisms available have been attenuated and used in immunizing horses. Here again the blood is taken and a serum produced therefrom which is used as the curative agent in pneumonia.

That dread malady, puerperal septicæmia, has been treated very successfully by injections of anti-streptococcic serum made in the same manner as the above. I have personal knowledge of a remarkable recovery of a brilliant young man, a Senior at Brown University, who was suddenly taken very ill with spinal meningitis. A physician was called, who fortunately recognized at once the nature of the malady. The anti-meningitic serum (probably the anti-streptococcic) was used and recovery was marvellously quick. And so on, through a long list of diseases, such as erysipelas, tetanus, malignant endocarditis, and throughout the whole realm of surgery the anti-streptococcic serum has shown itself to be extremely useful—not only as a curative measure, but as preventive of some of the worst forms of infection. The streptococcus is the offending organism in nearly all this class of diseases, and the anti-serum of this strain is the one most generally useful. So great is the virulence of some of the streptococcic micro-organisms employed in the production of this anti-serum that 1-1,000,000,000 cc. of a 24-hour broth culture will kill a rabbit in 24 hours. The important and interesting point in all this laboratory and clinical experimental work vouched for by reliable scientists, is the fact that sick people who have been treated by these attenuated anti-toxins get well, and the germs of the disease with which they were afflicted disappear from the blood. Now, the question is whether the serum neutralizes the poison already elaborated, or produces conditions inimical to their further elaboration, or, still further, acts dierctly on the germs and kills them, or renders them incapable of further growth by changing their environment? We can no more answer these questions than we can tell why our own remedies act as they do. We do not know *why nor how* Aconite, or Belladonna, or Gelsemium, produce their magical effects when administered to sick people, presenting symptoms similar to the pathogenetic effects of these drugs. But we know that they do—and the universality of such action with respect to an unlimited number of other drugs, enabled Hahnemann to formulate a law, with regard to drug action which we believe in, and will continue to believe in until the truth of the law receives the recognition it deserves.

My own personal opinion—which probably is not worth much from a scientific view-point, is that the serum therapy of disease owes its power—not to antidotal property—but to its specific

property of rendering disease germs inert, by the similarity of these attenuated sera to the specific morbid entity for which they are given. This idea has received the sanction of no less an authority than von Behring, the author of the anti-toxin for diphtheria and tetanus. He declared before a scientific body in Paris within two years, that Hahnemann's word, *Homœopathy,* embodied a principle which was the only one that scientifically explained Jenner's discovery regarding small-pox vaccination. "What else," he says, "causes the immunity in sheep vaccination against anthrax, than the influence previously exerted by a virus similar in charatcter to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of the influence exerted by a similar virus than by Hahnemann's word *Homœopathy.*" "Realizing that he was dealing with a subject until very recently anathematized by medical pedantry he declared that "if these problems were to be presented by him in historical illumination, dogmatic imprecations would not deter him. They would no more deter him then, than they did thirteen years before, when he demonstrated before the Berlin Pathological Society, the immunizing action of his tetanus antitoxin in infinitesimal dilution. On this occasion he spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted. On being told that such a remark ought not to be made publicly, since it was grist for the homœopathic mill, von Behring said, "Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means and should find that only the road to Homœopathy led to my goal, I assure you, dogmatic imprecations would never deter me from taking that goal." On these considerations, my friends, I believe that future discoveries and further confirmation of those already made, will some day establish the truth of our motto—Similia similibus curentur.

When this millennial day arrives, the right of every educated physician to choose his method and means of cure will be generally recognized; it will be his privilege to candidly state his views and temperately criticize the views of others on the floor of any medical society or in any medical journal without reproach or abuse. Then and not till then may it be expected that the societies and institutes of the homœopathic school will be disbanded, and the distinctive sectarian title which we still maintain, be stricken from our banner.

EDITORIALS.

OPENING OF THE COLLEGE YEAR.

Tuesday evening, October 5, 1909, marked an epoch in the history of the New York Homœopathic Medical College and Flower Hospital. On that evening were held the opening exercises and reception for the in-coming Freshmen class.

The Board of Trustees and the Faculty may be justly proud that when the Dean, Dr. R. S. Copeland, arose and opened the exercises, he was able to announce that the Class of 1913 was the largest in the history of the college.

This is a state of affairs to make every alumnus feel a sense of pride and enthusiasm. Not only that, but it should give him an added sense of responsibility, that these efforts may not be soon lost, but should be renewed year by year until that time shall have come as prophesied by the President of the Board of Trustees, Mr. Melville Cary, when the New York Homœopathic Medical College and Flower Hospital will be the headquarters of Homœopathy in this country, if not in the world.

Dean Copeland and Mr. Cary spoke briefly and to the point to the entering class, filling their remarks with wise counsel and words of encouragement..

Dr. Copeland especially emphasized the fact that many of the young men were away from home and surrounded by the many temptations of a great metropolis, and they should be very careful above all to establish friendships that would be of service to the cause of which they were devoting their lives.

Mr. Cary spoke of ambition and hard work as the sure roads to success, and advised the student to develop his backbone and not his wishbone.

Dr. L. L. Danforth delivered the address of the evening, and spoke in his usual happy and interesting style. His address in full is to be found on another page of this issue.

In closing, the dean introduced Dr. J. W. Dowling, Secretary of the Faculty, whose enthusiastic reception, as he arose to make the official announcement of the opening of the college year, strongly reminded one of a Tammany gathering, and showed how well the

boys love the doctor despite the fact that his quizzes are to be entered with fear and trembling.

The meeting then adjourned to the Alumni laboratory, where many good things to eat and drink had been supplied and where new acquaintances were made and old friendships renewed.

THE NEED OF OFFICIAL RECOGNITION OF HOMŒOPATHY.

Homœopathy is sometimes taunted with the statement that with the exception of the formulation of the law of similars, *"similia similibus curentur,"* by Hahnemann, it has done nothing. This is not true. The disciples of Homœopathy have ever been in the van. Their results in the treatment of disease have had a profound effect on medicine at large. In scientific attainments in all branches of the healing art the homœopathic school, as a school, has kept well in the lead of the times. In medical education its teachers have led. In the conduct of institutions Homœopathy has been a credit to each and every community in which it has gained a foothold.

In the United States homœopathic medical colleges were the first to adopt an entrance examination. They were the first to adopt a three years' systematic graded course of teaching. They were the first to adopt a four years' systematic graded course of teaching. Homœopathic influences were the first to suggest and to carry through the idea of State examination for license to practice medicine. In each of these reforms the dominant school of medicine followed. The first State law establishing a board of medical examiners—that of New York—was bitterly fought by the old school.

Notwithstanding all this the homœopathic profession has not received due consideration in appointments to public office. A few years ago New York had a surgeon general appointed from the homœopathic profession; at present the State Commissioner of Health is a member of the homœopathic profession. Connecticut has had a homœopathic representative on the State Board of Health. Some years ago the surgeon general was a homœopathic physician. But these examples are conspicuous by their rarity.

In the army and navy medical services the homœopathic physician is practically barred. A man who presents a diploma from an homœopathic medical college as part of his credentials need go no further. He will not be acceptable no matter what his ability or accomplishments.

When medical commissions are appointed to investigate epidemics, or to investigate the causes of certain diseases, homœopathic physicians are left off. The public constantly seeing distinguished physicians appointed to such places, and never seeing homœopathic physicians so honored, naturally conclude it must be due to lack of interest or to lack of ability on the part of the homœopathic profession. As a matter of fact, the homœopathic profession is interested, and deeply interested in all of these things. Homœopathic influences have been the pioneers and the principal cause of the uplifting of medical education and of the medical profession as a whole.

Is it not then time that recognition should be demanded in public commissions and in public office, that the public may know that the homœopathic profession is interested in all that has to do with the welfare of the community at large?

W. S. M.

CORRESPONDENCE.

Calcutta, India, September 1, 1909.

To Dr. H. G. Sloat, Editor CHIRONIAN, *New York:*

Dear Sir.—We have read the letter of Boericke & Tafel, of 145 Grand street, New York, and also the three letters of Dr. S. C. Ghosh, published in the July number of your CHIRONIAN, and hasten to write the following lines which will make everything clear:

Dr. S. C. Ghosh had a mind to send the tincture of Ficus religiosa to Boericke & Tafel that would be prepared by him, and so he had written to Boericke & Tafel accordingly. But as we prepared the tincture of Ficus religiosa at that time, we asked Dr. Ghosh's permission to send the tincture to Boericke & Tafel, and, as a matter of course, the permission was readily given.

We, therefore, come forward to publish that the tincture of Ficus religiosa, which we sent to Boericke & Tafel was *not only supplied by us, but also prepared by us. Dr. Ghosh had nothing to do with the preparation of the tincture,* and he was in no way responsible for the tincture of Ficus religiosa supplied by us to Boericke & Tafel.

As Boericke & Tafel have disbelieved the statements put forward by Dr. Ghosh, we can not but publish the truth, the whole truth and nothing but the truth relating to the *preparation of Ficus religiosa.*

In conclusion, we hope this letter will stop this unpleasant controversy for good.

Yours sincerely,

SATISH CH. DUTT,
Managing Director Hahnemann Hosp.

Ithaca, New York, October 13, 1909.

J. H. FOBES, M. D.

Dear Sir:. I would be pleased if you would note in the CHIRONIAN that I have formed a partnership with Dr. C. P. Beaman, of Ithaca, N. Y. Since the formation of the partnership Dr. Beaman has died.

I would like this notice so that physicians who have been referring students to Dr. Beaman will know where to send them.

Sincerely yours,

H. E. MERRIAM.

BROOKLYN NOTES.

Friends of Dr. William Diehl, '91, will be glad to hear that he has returned to the city much improved in health.

Charles E. Paine, '03, M. D., diseases of the eye, ear, nose and throat, announces the removal of his office and residence to 694 St. Marks avenue, Brooklyn, N. Y. Hours, 8 A. M. to 1 P. M., 7 to 8 P. M., except Wednesdays; Sundays by appointment. Telephone, 2385 Bedford.

J. Lopes Cardoza, M. D., has removed from 848 Park Place to 635 St. Marks avenue, near Nostrand avenue, Brooklyn, N. Y. Office hours, 8 to 10 A. M.,12 to 1 P. M., 6 to 7:30 P. M.; Sunday by appointment. Telephone, 1573-W Bedford.

The October meeting of the County Society was an instructive one. Under the Bureau of Pædology Dr. Ralph I. Lloyd presented a paper on "The First Stage of Diabetes Mellitus in Children." He dwelt upon the various sugar tests employed in the diagnosis of the case recited, laying stress upon the phenyl-hydrazin test. Several members said that their favorite sugar test was Whitney's.

Dr. H. B. Minton spoke briefly of photography as an aid to case records, and showed a number of photographs from his practice. Dr. O. S. Ritch read a paper dealing in general terms with the pre-

vention of infant mortality, and was elected a delegate to the impending congress in New Haven. Dr. Henry C. Ferris read an extremely interesting paper on "Orthodontia," showing by lantern slides the mal-occlusion of the teeth in various cases, the factors causing it, the casts of the teeth before and after correction of the deformity, and photographs of the patient at the same periods. The improvement in facial expression under treatment aroused the applause of his hearers.

ALUMNI NOTES.

Dr. J. W. Dowling, "86, delivered the annual address before the Vermont State Homœopathic Medical Society at Burlington, on October 13th. The society had a very enthusiastic and enjoyable meeting.

Eugene L. Bester, '07, former house physician and surgeon at the Flower Hospital, announces that he has opened an office in the Ballerstein building, 904 Main street, Hartford, Conn.

Dr. Augustus P. Schultz desires to announce the opening of her office at "The Florida," 163d street and St. Nicholas avenue, New York City. Office hours, until 8 A. M., 5 to 7 P. M. Telephone, Audubon 3770.

Dr. Frank H. Blackmarr desires to announce that hereafter he will devote his entire attention to office and hospital practice of electro-therapeutics, X-ray therapy, photo-therapy, radio-therapy, resonator, radium, radio-active substances, radio-active solutions (local and hypodermic), X-ray laboratory for rapid work. Suite, 735-737 Marshall Field Bldg. Telephone, private, Exchange 1. 11 A. M. to 3 P. M. Residence, phone, Oakland 1719.

Horace Porter Gillingham, M. D., 211 West 80th street. 9 to 11 A. M., 6 to 7 P. M.; Sundays, 9 to 10 A. M. Telephone, River 7303.

Dr. Malcolm Leal removed to 162 West 73d street, New York. 11-1, 5:30-7. Telephone, Columbus 2033.

Dr. Louis Rene Kaufman announces the removal of his office from 256 West 57th street, and change in office hours and phone. Office, 272 West 84th street. Hours, 11:30 to 1, 5:30 to 6:30; Sundays, 10 to 12. Phone, 6474 Riverside.

DIED.

FLETCHER. In New York City recently, Dr. Addison C. Fletcher, of the class of '61.

BOOK NOTICE.

Under the title, "Cord. Ext. Ol. Morrhuæ Comp.," the Katharmon Chemical Co. have published a briefly interesting account of the history and development of cod liver oil.

The chemistry of the oil is pretty well covered, and the book also contains numerous therapeutic and clinical suggestions.